

Minutes of Meeting
Health Services Council
Project Review Committee-II

DATE: 19 August 2004

TIME: 3:00 PM

LOCATION: Health Policy Forum

ATTENDANCE:

Committee II: Present: Victoria Almeida, Raymond C. Coia, Catherine E. Graziano, Denise Panichas, Maria R. Gil, Robert J. Quigley (Chair), DC, Reverend David Shire

Not Present: James Daley, Rosemary Booth Gallogly, Wallace Gernt, Larry Ross

Staff: Valentina D. Adamova, Michael K. Dexter

Public: (see attached)

1. Call to Order and Approval of Minutes

The meeting was called to order at 3:00 PM. The minutes of the 5 and 12 August 2004 meetings of the Project Review Committee-II were

approved as submitted. Staff noted that conflict of interest forms are available to any member who may have a conflict.

2. General Order of Business

Staff noted that Mr. McKinnon retired as the Chair of the Health Services Council and the By-Laws provide for immediate succession by the Vice Chair, Dr. Quigley, to become the Chair of the Health Services Council. Staff noted that at the next Health Services Council meeting there would be an election to fill the vacant Vice Chair position.

Denise Panichas stated for the record that she is recusing herself with respect to the application of Bayside Endoscopy Center, LLC.

Maria Gil stated for the record that she is recusing herself with respect to the application of Bayside Endoscopy Center, LLC.

The first item on the agenda was the application of Bayside Endoscopy Center, LLC d/b/a Bayside Endoscopy Center at Kent County, LLC for a certificate of need for development of a Freestanding Ambulatory Surgery Center at 1351 South County Trail in East Greenwich. Mr. Miller noted that the Committee received Mr. Zimmerman's memo but since Mr. Zimmerman is not here to answer questions, he recommends that this document not be considered as

part of the record. He recommended that the Chairman request that the document be retrieved. The Chairman requested that the document be collected from the Committee members and that the document not be considered to be part of the record.

Mr. Zubiago introduced Dr. Sepe, Dr. Califano, Dr. Polumbo and Dr. Quirk, physicians from Bayside, Ms. Friendman, co-counsel, and Mr. Curtis, from Symbion. He made a presentation to the Committee as follows:

- Screening is highly recommended for early detection of colon cancer and colonoscopy is the gold standard for accomplishing that as evident from all the evidence.
- Department of Health has a goal that 75% of individuals above the age of 50 get a screening colonoscopy.
- This goal was established to reduce mortality from colon cancer. Facilities need to be available to do that.
- There is a lot of evidence about how there is such a need for this facility.
- The need has 4 components and the first is screenings. Screenings determine whether there is a problem. The applicant showed what the numbers are and how often that should be. The standard is that it should be every 10 years.
- There are other reasons, such as high-risk patients, those who have a predisposition to colon cancer. The application indicated that a lot of people are in that category that will need these colonoscopies sooner.

- Another category is surveillance. If something is discovered during a colonoscopy then the person will be back sooner to have surveillance screenings.
- Another category is upper endoscopy. 33% of the total patients who need treatment in these facilities fall into this category. This is known because the applicant operates a facility in Providence.
- There are a lot of different ways that patients have this need.
- The opponents have made arguments about scheduling and other factors.
- The applicant provided an analysis based on the population and need, that shows there is tremendous need for colonoscopies.
- Attachment 4 of the application shows that there is a need right now in Kent County area for almost 16,000 endoscopies a year.
- Mr. Zimmerman did not take a look at the applicant's need analysis. Zimmerman report looked at the number of rooms and did not look at the need in the population.
- The applicant showed the need to be 15,590 cases a year and there is plenty of cases for Kent County Memorial Hospital ("Kent") to do. The hospital is not going to be hurt by this application.
- The applicant already operates a facility in Providence and high quality is provided.
- The applicant urges the Committee to vote yes on the application.

Mr. Tauber, legal counsel to Kent, made a presentation to the Committee as follows:

- The question before the Committee is need and not colorectal

cancer screenings.

- Kent shares Bayside's and Department of Health's Cancer Council view that more screenings are better but that is not the issue. The issue is whether has Bayside proven need for more facilities today.**
- Zimmerman report states no, that there is no current need for additional facilities. There are currently sufficient facilities to meet the needs presently before the state. This is the result of Zimmerman's report.**
- Bayside in its arguments discussed appointment times and lag times but the evidence in the record shows that there is no lag time of 14 weeks.**
- The applicant talked about patient preference and Dr. Pignone, an expert on colorectal cancer screenings, testified in the record that 40% of patients simply don't want colorectal screening by colonoscopy but will accept some other form of screening.**
- The goal of the Cancer Council was the screening rate of 75% not colonoscopies at 75%.**
- The issue before the Committee is to make that there is sufficient need proven by Bayside today.**
- Kent urges the Committee to vote no because Bayside has not proven there is need.**

The Chairman stated that he attended the public hearing meetings. He stated that based on the information presented it appears that there is going to be need for additional surgical suits in 2006. He stated that based on the Department of Health's Cancer Council goal of 75%

screening rate, the current utilization rate and that the fact that neither facility is operating on Saturdays, something that is done in other areas, such as Boston which creates additional capacity, he makes a motion to approve the application with the condition that the facility does not become operational until January of 2006. Mr. Miller inquired if this means that applicant could construct the facility and take necessary steps to set it up except become operational or open its doors until 1 January of 2006, with which the Chairman agreed. The Chairman stated that the applicant represented that it would take approximately 6 months to construct the facility and this would delay the implementation by approximately 8-10 months.

The applicant stated that it accepts the condition of approval.

A motion was made, seconded and passed by a vote of four in favor, one opposed and two recused (4-1-2) to recommend that the application be approved to go before Health Services Council on 31 August 2004 contingent upon that the facility does not becomes operational until 1 January 2006. A roll call of the vote was taken. Those members voting in favor of the motion were: Almeida, Coia, Graziano and Quigley. Shire opposed. Gil and Panichas recused.

There being no further business the meeting was adjourned at 4:05 PM.

Respectfully submitted,

Valentina D. Adamova